Please types plus sign (+) inside this box -> +

RECEIVED

Approved for use through 102. CMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL
FORM

Application Number

O9/657, 276

Filing Date

September 7, 2000

First Named Inventor

Group Art Unit

1619

L. Q. Wells

Total Number Of Pages In This Submission 500862002300 Attorney Docket No. 16 **ENCLOSURES** (check all that apply) Assignment Papers After Allowance Communication to Fee Transmittal Form - 1 pg IN X (for an Application) DUPL Appeal Communication to Board of Fee Attached Drawing(s) Appeals and Interferences PRELIMINARY AMENDMENT AND -RESPONSE-TO-RESTRICTION Appeal-Communication-to-Group Licensing-related Papers **REQUIREMENT MAILED 12/13/01** (Appeal Notice, Brief, Reply Brief) (PAPER 9) - 11 pgs Petition Proprietary Information After Final Petition to Convert to a Affidavits/declarations Status Letter Provisional Application Power of Attorney, Revocation Other Enclosure(s) (please identify Extension of Time Request - 1 pg IN below): RETURN RECEIPT POSTCARD X Change of Correspondence Address DUPL Terminal Disclaimer **Express Abandonment Request** Request for Refund CD, Number of CD(s) Information Disclosure Statement Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY OR AGENT Firm Morrison & Foerster LLP 425 Market Street, San Francisco, CA 94105-2842

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"
--

Michael R. Ward (Reg. No. 38,651)

Individual Name

Signature Date

I hereby certify that this correspondence is being deposited with the United States Pectal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 2023 to prebruary ______, 2002.

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Tipe Wiles / depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (09-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Signature

EE TRANSMITTAL **FOR FY 2002**

Complete if Known Application Number 09/657,276 Filing Date September 7, 2000 翌 First Named Inventor Dominique P. BRIDON **Examiner Name** L. Q. Wells Group Art Unit 1619 Attorney Docket No. 500862002300

Date

February /2, 2002

Patent fees are subject to annual revision. **TOTAL AMOUNT OF PAYMENT** (\$)110.00

METHOD OF PAYMENT					FEE CALCULATION (continued)						
1. X The Commissioner is hereby authorized to charge indicated fees and credit any oversements to					3. ADDITIONAL FEES						
Indicated fees and credit any overpayments to:					Large	Entity	Sma	II Entity			
Accoun Number			Fee Code	Fee	Fee	Fee			Fee Paid		
Deposit						(\$)	Code	e (\$)	Fee Description		reeralu
Account Morrison & Foerster LLP											
Name				105	130	205	65	Surcharge - late filing fee or oath			
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17						50	227	25	Surcharge - late provisional filing fee or cover sheet		
Applicant claims small entity status. See 37 CFR 1.27						130	139	130	Non-English specification		
2. Payment Enclosed:						2,520	147	2,520	For filing a request for ex parte reexamination		
☐ Check ☐ Credit Card ☐ Money Order ☐ Other					112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
FEE CALCULATION					113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
1. BASIC FILING FEE						110	215	55	Extension for reply within first month		\$110
	F-44- 0				116	400	216	200	Extension for reply withi month	n second	
Large Fee Code	Entity Sm Fee Fee (\$) Co	Fee	Fee Description	Fee	117	920	217	460	Extension for reply withi month	n third	
				Paid	118	1,440	218	720	Extension for reply withi month	n fourth	
101 106	740 20 330 20		Utility filing fee		128	1,960	228	. 980	Extension for reply within	n fifth month	
107	510 20		Design filing fee Plant filing fee		119	320	219	160	Notice of Appeal		
108	740 20		Reissue filing fee		120 121	320	220	160	Filing a brief in support		
			•		1	280	2 21	140	Request for oral hearing		h
114	160 21	\$ 80	Provisional filing fee		138	1,510	138	1,510	Petition to institute a put proceeding	onc use	
		SL	IBTOTAL (1) (\$)	-0-	140 141	110 1,280	240 241	55 640	Petition to revive - unave		
2. EXTRA	CLAIM FEE				142				Petition to revive - uninte		
		Extra	Fee from	Fee Paid	143	1,280 460	242 243	640 230	Utility issue fee (or reiss Design issue fee	ue)	
Total Claims	20**	Claims = +	below x ⇒	\$	144	620	244	310	Plant issue fee		
Independent	- 3**		x =	\$	122	130	122	130	Petitions of the Commiss		-
Claims = \$ Multiple Dependent = \$				123	50	123	50	Petitions related to provisional			
				126	400	400	400	applications Submission of Information			
Large	Entity Sm:	all Entity			126	180	126	180	Disclosure Stmt		
Fee Code	Fee Fee (\$) Cod	Fee	Fee Description		581	40	581	40	Recording each patent assignment per properties (times number of properties)		
103	18 203	9	Claims in excess of 20		146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
102	84 202	42	Independent claims in e	Independent claims In excess of 3		740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
104	280 204	140	Multiple dependent clai	Multiple dependent claims, if not paid		740	279	370	Request for Continued Examination		
109	84 209	42	**Reissue independent original patent	**Reissue independent claims over original patent		900	169	900	(RCE) Request for expedited examination of a design application		
110	18 210	9	**Reissue claims in exc over original patent					o. o coolgi. application	,		
SUBTOTAL (2) (\$) -0-					Other fee	Other fee (specify)					
** or number previously paid, if greater; For reissues, see above.					*Reduced by Basic Filing Fee Paid			Paid	SUBTOTAL	(3)	110.00
SUBMITTED			Complete (if applicable)					==			
Name (Print/Type) Michael R. Ward						Registration No. (38 651) Telephone (445) 269 6227					
The state of the s						nev/Anent)	1	100,007	respirate	(+10) Z00-	043 /

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.